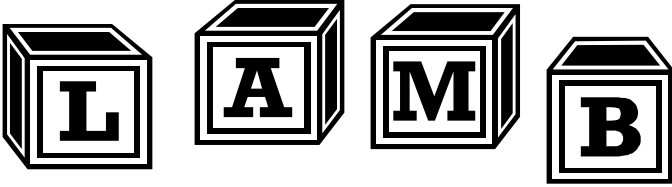


LAMB Calendar

2003							2004							2005																				
January							July							January							July													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	4					1	2	3	4	5	6	7	8	9	10	11	12										1	2
5	6	7	8	9	10	11	12	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
19	20	21	22	23	24	25	26	20	21	22	23	24	25	26	27	28	29	30	31															
26	27	28	29	30	31			27	28	29	30	31																						
February							August							February							August													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2						1	2	3	4	5	6	7	8	9	10	11	12							1	2		
2	3	4	5	6	7	8	9	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
9	10	11	12	13	14	15	16	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
16	17	18	19	20	21	22	23	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31												
23	24	25	26	27	28			24	25	26	27	28	29	30	31																			
March							September							March							September													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2						1	2	3	4	5	6	7	8	9	10	11	12							1	2		
2	3	4	5	6	7	8	9	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
9	10	11	12	13	14	15	16	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
16	17	18	19	20	21	22	23	21	22	23	24	25	26	27	28	29	30																	
23	24	25	26	27	28	29	30	28	29	30																								
30	31																																	
April							October							April							October													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2						1	2	3	4	5	6	7	8	9	10	11	12							1	2		
6	7	8	9	10	11	12	13	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
20	21	22	23	24	25	26	27	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30								
27	28	29	30					19	20	21	22	23	24	25	26	27	28	29	30	31														
May							November							May							November													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
4	5	6	7	8	9	10	11	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
11	12	13	14	15	16	17	18	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
18	19	20	21	22	23	24	25	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31											
25	26	27	28	29	30	31		23	24	25	26	27	28	29	30	31																		
June							December							June							December													
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	2						1	2	3	4	5	6	7	8	9	10	11	12							1	2	3	
8	9	10	11	12	13	14	15	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
15	16	17	18	19	20	21	22	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
22	23	24	25	26	27	28	29	21	22	23	24	25	26	27	28	29	30	31																
29	30							28	29	30	31																							



Los Angeles Mommy and Baby Survey

A Survey of the Health of Mother and Babies in Los Angeles County

2004-2005

For more information , please call the LAMB Project at

213-639-6452

Your help is greatly appreciated

Los Angeles County Department of Health Services  
• Maternal, Child, and Adolescent Health Programs •

STAFF USE ONLY:

ID: \_\_\_\_\_  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Missing questions: \_\_\_\_\_  
Need to telephone: \_\_\_\_ Yes \_\_\_\_ No      Phone number: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***Important Information About LAMB***

Please Read Before Starting the Survey

- The Los Angeles Mommy and Baby Survey (LAMB) is a research project sponsored by the Los Angeles County Department of Health Services Maternal, Child, and Adolescent Health Program.
- We are asking women who live in Los Angeles County to answer the same questions. All of your names were picked by chance by a computer from recent birth certificates.
- It is your choice whether or not to do the survey. Whether or not you answer the survey will not affect your health care, immigration status, or any benefits you may be receiving
- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research.
- Your name will not be used in any reports from LAMB. The survey has a number on it, so we will know when it is returned.
- Your answers will be grouped with those from other women. What we learn from this survey will be used to help mothers and babies in Los Angeles County.
- If you have any questions about your rights in the project, please call Pat Young at (213) 639-6452.

If you have questions about LAMB or if you want to answer the questions by telephone, please call Pat Young at (213-639-6452

## ***Frequently Asked Questions about LAMB***

### ***What is LAMB?***

LAMB (Los Angeles Mommy and Baby Survey) is a project sponsored by the Los Angeles County Department of Health Services. Our survey asks new mothers questions about things that happened around the time of their pregnancy. Your answers will help us learn more about ways to improve the health of future mothers and babies.

### ***Will my answers be kept private?***

Yes—all answers are kept completely private to the extent permitted by law. All answers given on the surveys will be grouped together to give us information on Los Angeles County mothers of new babies. In reports from this survey, no woman will be identified by name. Each survey has a number on it, so we will know when it is returned.

### ***Why should I participate in this survey?***

LAMB is a very important survey that will help improve the health of future mothers and babies. The survey will help us to better understand and meet the health needs of Los Angeles County mothers and babies. Your answers will help us to improve services for women, infants, and families. To get a better overall picture of the health of mothers and babies in Los Angeles County, we need each mother selected to answer the questions.

### ***Some of the questions do not seem related to pregnancy—why are they asked?***

Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of things that happened before, during, and after pregnancy. The questions also allow us to group you with other women. Although some of the questions may be personal, please remember that all your answers will be kept private.

### ***How was I chosen to participate in LAMB?***

Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

### ***Will I receive results of the survey?***

If you would like us to send you the results of the survey, please tell us at the end of the survey.

### ***What if I want to ask more questions about LAMB***

We will be happy to answer any other questions that you may have about LAMB. Please call us at (213-639-6452) . If you prefer to complete the survey on the telephone, please call us at the same number.

Today's Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month    day    year

Your Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month    day    year

First, we would like to ask you a few questions about the time BEFORE your most recent pregnancy. Please answer questions 1-19 in this survey.

1. Just before your most recent pregnancy, did you have health insurance?

- Yes.....1  
ANSWER QUESTION #2
- No .....2  
GO TO QUESTION #3

2. Just before your most recent pregnancy, what type of health insurance did you have?

- Medi-Cal .....1
- Other government programs .....2
- Blue Cross/Blue Shield .....3
- Private insurance company .....4
- Kaiser.....5
- Other HMO .....6

3. Just before your most recent pregnancy, was there a doctor, nurse, or clinic that you had been going to or would have gone to if you were sick or needed a check-up?

- Yes.....1
- No .....2  
GO TO QUESTION #5

4. What kind of place did you go to most often? CIRCLE ONE ANSWER.

- Doctor's office/  
Kaiser/other HMO .....1
- Clinic/health center .....2
- Urgent care .....3
- Emergency room.....4
- Some other place .....5  
(Please tell us: \_\_\_\_\_)
- No one place .....6
- Don't know .....7

**\*\*NOW SKIP TO QUESTION #6\*\***

5. What is the one main reason you did not have one place to go to receive medical care? CIRCLE ONE ANSWER.

- Seldom or never get sick .....1
- Recently moved  
into the area .....2
- Don't know where  
to go for care .....3
- Usual place in this area  
no longer available .....4
- Can't find doctor who speaks  
my language .....5
- Like different places for  
health care needs .....6
- No insurance  
or lost insurance.....7
- Don't use doctor/treat myself .....8  
ANSWER QUESTION #4
- Cost of medical care .....9
- Other reason .....10  
(Please tell us: \_\_\_\_\_)
- Don't know .....11

6.

When you got pregnant with your new baby, were you using any birth control method to prevent pregnancy like birth control pills, condoms, shots, rhythm, withdrawal, natural family planning, or some other method?

Yes, all the time .....1

Yes, sometimes .....2

No.....3
7.

Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

Yes .....1

No.....2
8.

Before you were pregnant with your new baby, how many times have you been pregnant?

\_\_\_\_\_ times
9.

Before your new baby was born, how many children did you give birth to?

\_\_\_\_\_ children
10.

When did you give birth to your first child?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month      day      year
11.

Just before you got pregnant with your new baby, how did you feel about becoming pregnant?

I wanted to be pregnant sooner .....1

I wanted to be pregnant later .....2

I wanted to be pregnant then .....3

I didn't want to be pregnant then or at any time in the future .....4

12.

Just before you got pregnant with your new baby, how did your husband or partner feel about you becoming pregnant?

He wanted me to be pregnant sooner.....1

He wanted me to be pregnant later.....2

He wanted me to be pregnant then.....3

He didn't want me to be pregnant then or at any time in the future .....4

I don't know.....5

I didn't have a husband or partner .....6
13.

Before your most recent pregnancy, did you ever have the following?

YES      NO

a. A baby that was born prematurely or early (before you reached 37 weeks or 8 ¼ months of pregnancy)..... 1.....2

b. A baby that weighed less than 5 ½ lbs (2500 grams) at birth..... 1.....2

c. A baby delivered by cesarean section (when a doctor cut through your belly to bring out your baby) ..... 1.....2

d. Miscarriage ..... 1.....2

e. Abortion..... 1 .....2

f. Stillbirth ..... 1 .....2

If you would like to write any comments about this survey, your prenatal care experiences, your pregnancy, or anything else, please do so in the space below.

This is the end of the survey.

Please put the survey in the pre-addressed, postage-paid envelope that is provided and mail it to:

**Los Angeles Mommy and Baby Survey**  
**Maternal, Child and Adolescent Health Programs**  
**600 S. Commonwealth, Suite 800**  
**Los Angeles, CA 90005**

Thank you very much for your help.

Your valuable contribution will help us make  
Los Angeles County mothers and babies healthier.

**\*\* You will receive your \$10 Ralphs/Food4Less Gift Certificate in about 2 weeks after we receive your survey.**  
**We will also contact you if you win the \$50 gift certificate. \*\***

84. What type of housing do you live in?

House.....1

Apartment .....2

Mobile home .....3

Public housing/  
Section 8 housing .....4

Other .....5  
(Please tell us:\_\_\_\_\_)

85. Counting yourself, how many people live in your house, apartment, or trailer?

\_\_\_\_\_ total number of people

86. Who lives in your house, apartment, or trailer (not including your new baby)? CIRCLE ALL ANSWERS THAT APPLY.

Husband or partner .....1

Other children .....2  
(Please tell us their ages:\_\_\_\_\_)

Mother/mother-in-law  
or father/father-in law .....3

Sister or brother .....4

Grandmother or grandfather .....5

Other (Please tell us:\_\_\_\_\_ ) .....6

87. What was your family income in **2003** before taxes? Please circle the number below that includes your total family income, including your income and the income of your husband or partner (if living with you in 2003) and your children.

Please include income from all sources, including jobs, welfare, disability, unemployment, child support, interest, dividends, and support from family members.

Less than \$10,000..... 1

\$10,000-\$19,999 ..... 2

\$20,000-\$29,999 ..... 3

\$30,000-\$39,999 ..... 4

\$40,000-\$49,999 ..... 5

\$50,000-\$75,000 ..... 6

More than \$75,000 ..... 7

88. How many people lived on this income in **2003**?

\_\_\_\_\_ total number of people

14. In the **three months before** you got pregnant, did you have any of the following health problems? For each item, circle **Yes** if you had the problem or **No** if you did not have the problem.

YES NO

a. Asthma..... 1 .....2

b. High blood pressure  
(hypertension) ..... 1 .....2

c. High blood sugar (diabetes)..... 1 .....2

d. Anemia (poor blood, low iron) ... 1 .....2

e. Sickle-cell anemia/disease ..... 1 .....2

f. Heart problems ..... 1 .....2

15. The next questions are about events that may have happened to you **during your most recent pregnancy**. *It may help to look at the calendar on the back of the survey when you answer these questions*

YES NO

a. You moved or looked for a new home..... 1 .....2

b. Someone important moved out of your home ..... 1 .....2

c. Someone moved in with you ..... 1 .....2

d. You lived apart from your husband or partner because of job, travel, or other practical reasons..... 1 .....2

e. Someone important to you other than your husband or partner moved away so you don't see the person as much ... 1 .....2

f. You got married or started living with someone as if married..... 1 .....2

YES NO

g. You had extra home or family responsibilities such as caring for an older relative or someone's child .....1.....2

h. You had unusually big pressures or conflicts at work ....1.....2

i. You had unusual financial pressures or trouble with money1 .....2

j. You were burglarized or robbed .....1.....2

k. You experienced a loss of your house, car, or something else important to you .....1.....2

l. Someone close and important to you died .....1.....2

m. You were in a hurricane, fire, or other major disaster .....1.....2

n. You experienced discrimination or harassment because of your race or because you are a woman .....1.....2

o. You were involved in a serious motor vehicle accident ..1.....2

p. You had serious problems in your sexual relationship .....1.....2

q. You have been threatened with physical harm by anyone ...1.....2

r. Gotten fired or laid off from work .....1.....2

s. Looked for work for 3 weeks or more.....1.....2

t. Had trouble with the Department of Social Services ..1.....2

**During your most recent pregnancy, did you, a close family member, or a close friend experience any of these events?**

u. Been arrested by the police, had problems with the law or immigration, or been in jail.....1 .....2

v. Had a serious physical injury, illness, or hospitalization.....1 .....2

w. Had a problem with alcohol or drugs.....1 .....2

x. Had a serious nervous or emotional problem besides drinking or drugs .....1 .....2

y.....Got separated or divorced from a spouse or partner.....1 .....2

z. Have any other serious events happened during your pregnancy?

[illegible]

YES      NO

- a. Your husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any way ..... 1 ..... 2
- b. Your husband or partner tried to control your daily activities, for example controlling who you could talk to or where you could go ..... 1 ..... 2
- c. You felt afraid of your partner or someone living in your home ..... 1 ..... 2
- d. You were repeatedly called names, told that you were worthless, ugly, verbally threatened by your partner or someone important to you ..... 1 ..... 2
- e. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) ..... 1 ..... 2

I did not take a multivitamin (a vitamin pill) .....	1
1 to 3 times a week .....	2
4 to 6 times a week .....	3
Every day of the week .....	4

Yes..... 1

No ..... 2

\_\_\_\_\_ feet and \_\_\_\_\_ inches  
OR \_\_\_\_\_ centimeters

\_\_\_\_\_ pounds **OR** \_\_\_\_\_ kilos

\_\_\_\_\_ pounds **OR** \_\_\_\_\_ kilos

\_\_\_\_\_ years    **OR**    \_\_\_\_\_ months

English .....	1
Spanish .....	2
English and Spanish equally .....	3
Asian language .....	4
<b>(Please tell us: _____)</b>	
English and Asian language equally .....	5
Other language .....	6
<b>(Please tell us: _____)</b>	
English and other language equally .....	7

Married .....1  
Separated or divorced.....2  
Widowed .....3  
Single (never married) .....4  
Living with a partner.....5

Very safe .....1  
Somewhat safe .....2  
Somewhat unsafe .....3  
Not at all safe .....4  
Don't know .....5

Thank you for completing the last section. In the next section we would like to know about things that may have happened AFTER your baby was born. Please answer questions 68-76.

68. Since your new baby was born, have you had a postpartum check-up for yourself? (A postpartum check-up is the regular check-up a woman has after she gives birth.)

- Yes.....1  
**GO TO QUESTION #69**  
No .....2  
**GO TO QUESTION #70**

69. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- Yes.....1  
No .....2

70. In the months **after your new baby was born**, would you say that that you were

- Not depressed at all.....1  
A little depressed .....2  
Moderately depressed .....3  
Very depressed .....4

71. **Since you left the hospital**, have you fed your baby.

- Breast milk only .....1  
**GO TO QUESTION #73**  
Formula only .....2  
Both breast milk and formula.....3

72. How old was your baby when you began feeding him/her formula?

- \_\_\_\_\_ days **OR** \_\_\_\_\_ weeks  
**OR** \_\_\_\_\_ months

73. If you are no longer breastfeeding, how old was your baby when you stopped?

- \_\_\_\_\_ days **OR** \_\_\_\_\_ weeks  
**OR** \_\_\_\_\_ months  
**OR** ☐ Not applicable (I am still breastfeeding)

74. How do you put your new baby down to sleep **most** of the time? **CIRCLE ONE ANSWER.**

- On his/her side..... 1  
On his/her back..... 2  
On his/her stomach..... 3

75. **Since your new baby was born**, whom can you count on for support or help for things such as household tasks, taking care of your baby, money, or help with problems? **CIRCLE ALL ANSWERS THAT APPLY.**

- My husband or partner..... 1  
The father of the baby (if he is not your husband or partner) ..... 2  
My mother or father/in-laws ..... 3  
A friend..... 4  
A paid babysitter or nanny ..... 5  
Day care center staff..... 6  
No one ..... 7  
Someone else ..... 8  
(Please tell us: \_\_\_\_\_)

18. In the **6 months before** you found out you were pregnant this time, how many cigarettes did you smoke a day, on average?

- None ..... 1  
About one cigarette a day or less ...2  
Just a few cigarettes a day (2-4) ....3  
About half a pack a day (5-14) .....4  
About a pack a day (15-24) .....5  
About 1 ½ packs a day (25-34) .....6  
About 2 packs a day (35-44) .....7  
More than 2 packs a day (45 or more) .....8

19. **During the 12 months before your new baby was born**, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Yes.....1  
No .....2

Thank you for completing the last section. Now, please answer the next questions (20-62) about things that may have happened **DURING your most recent pregnancy.**

20. How would you describe the time **during your most recent pregnancy?**

- One of the happiest times of my life ..... 1  
A happy time with few problems.....2  
A moderately hard time .....3  
A very hard time .....4  
One of the worst times of my life ....5

21. **During your most recent pregnancy**, how did you feel about breastfeeding your baby?

- It was very important to me to breastfeed, formula-feeding was not an option .....1  
I wanted to try to breastfeed, but I was ok with formula feeding .....2  
I did not want to breastfeed, I wanted to formula-feed .....3  
I was undecided.....4

22. During your most recent pregnancy, how did you spend most of your time at work, school, or home? (Please do not count your free time.) **CIRCLE ONE ANSWER.**

- Sitting.....1  
Standing.....2  
Walking .....3  
Lifting (more than 25 pounds).....4  
Bending/stooping .....5

23. **Did you work outside your home** during your most recent pregnancy?

- Yes.....1  
**ANSWER QUESTION #24**  
No .....2  
**ANSWER QUESTION #25**

24. How long did it usually take you to get from your home to work?  
\_\_\_\_\_ minutes

25. **During your most recent pregnancy**, how many children under 10 years old lived in the same house as you?  
\_\_\_\_\_ children

26. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week .....1
- 1 to 4 days per week .....2
- 5 or more days per week .....3
- I was told by a doctor, nurse, or health care worker not to exercise .....4

27. Did you douche at any time during your most recent pregnancy?

- Yes .....1
- ANSWER QUESTION #28**
- No .....2
- GO TO QUESTION #29**

28. How often did you douche during your most recent pregnancy?

- Daily .....1
- 4-6 times a week .....2
- 2-3 times a week .....3
- Once a week .....4
- 2-3 times a month or less often .....5

*The next questions (29-43) are about the prenatal care you received DURING your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. If you went to more than one place for prenatal care, answer for the place where you got most of your care. It may help to look at the calendar on the back of the survey when you answer these questions.*

29. When did you think you should begin prenatal care?

- 1-3 months of pregnancy ..... 1
- 4-6 months of pregnancy ..... 2
- 7-9 months of pregnancy ..... 3
- I didn't think I needed prenatal care ..... 4

30. Did you get any prenatal care during your most recent pregnancy? PLEASE DO NOT COUNT A VISIT JUST FOR A PREGNANCY TEST.

- Yes ..... 1
- GO TO QUESTION #31**
- No ..... 2
- GO TO QUESTION #43**

31. Did you get prenatal care as early in your pregnancy as you wanted or thought necessary?

- Yes ..... 1
- No ..... 2

61. During the first 3 months of your pregnancy, about how many drinks containing alcohol did you have in an average week?

- I didn't drink at all during the first 3 months of my pregnancy ..... 1
- Less than one drink per week ..... 2
- 1 to 3 per week ..... 3
- 4 to 6 per week ..... 4
- 7 or more drinks per week ..... 5

62. During the last 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week?

- I didn't drink at all during the last 3 months of my pregnancy ..... 1
- GO TO QUESTION #64**
- Less than one drink per week ..... 2
- 1 to 3 per week ..... 3
- 4 to 6 per week ..... 4
- 7 or more drinks per week ..... 5

63. During the last 3 months of your pregnancy, how many times did you drink 5 or more alcoholic drinks in one sitting?

\_\_\_\_\_ times

**Thank you for completing the last section. In the next section we would like to know about your experiences with the delivery of your most recent birth. Please answer questions 64-67.**

64. After your baby was born, how many nights did he or she stay in the hospital?

\_\_\_\_\_ night(s)

65. How did you feed your baby while you were in the hospital?

- Breast milk only .....1
- Formula only .....2
- Both breast milk and formula

66. We would like to know how you felt about the care you received at the hospital during your most recent birth. Overall, how would you rate the hospital where you delivered your most recent baby?

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Fair ..... 4
- Poor ..... 5

67. Would you recommend this hospital to your friends or family?

- Yes ..... 1
- No ..... 2

**(Please tell us the reason(s) why you would not recommend it:**

**Please answer the next questions (57-59) about smoking and drug use DURING pregnancy.**

57. On average, how many cigarettes did you smoke per day **after you found out that you were pregnant?**

- None.....1
- About one cigarette a day or less ...2
- Just a few cigarettes a day (2-4).....3
- About half a pack a day (5-14).....4
- About a pack a day (15-24) .....5
- About 1 ½ packs a day (25-34).....6
- About 2 packs a day (35-44).....7
- More than 2 packs a day (45 or more) .....8

58. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?

\_\_\_\_\_ hours

59. Did you use any of these drugs **when you were pregnant?** For each item, circle **Yes** if you did or **No** if you did not use these drugs.

**YES NO**

- a. Prescription drugs (not prescribed by your doctor)..... 1 ..... 2
- b. Marijuana (pot, bud) or Hashish (hash) ..... 1 ..... 2
- c. Amphetamines (uppers, ice, speed, crystal, crank) ..... 1 ..... 2
- d. Cocaine (rock, coke, crack) or Heroin (smack, horse).... 1 ..... 2
- e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) ..... 1 ..... 2
- f. Sniffing gasoline, glue, hairspray, or other aerosols ..... 1 ..... 2

**The next questions (60-63) are about drinking alcohol. By “alcohol” we mean any kind of drink with alcohol in it (beer, wine, wine cooler, hard liquor, or a mixed drink made with hard liquor). One drink is equal to one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.**

60. Did you drink any alcohol **during your most recent pregnancy?**

- Yes ..... 1
  - No ..... 2
- ANSWER QUESTION #61**
- GO TO QUESTION #64**

32. About how many weeks or months pregnant were you when you first tried to make an appointment to get prenatal care? PLEASE DO NOT COUNT AN APPOINTMENT JUST FOR A PREGNANCY TEST.

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

33. About how many weeks or months pregnant were you when you had your first prenatal care visit? PLEASE DO NOT COUNT A VISIT JUST FOR A PREGNANCY TEST.

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

34. How far did you travel (one way) to receive prenatal care?

- Less than 5 miles..... 1
- 5-14 miles .....2
- 15-29 miles .....3
- 30-50 miles .....4
- More than 50 miles .....5

35. What were your reasons for going to this doctor/clinic for prenatal care? CIRCLE ALL ANSWERS THAT APPLY.

The only doctor in my area that would accept me as a patient .....1

The office was the most convenient for me .....2

I selected this office from a list given to me by my insurance company.....3

A relative or friend referred me .....4

They offered specialized services .....5

A doctor referred me .....6

I went to this doctor for my past pregnancies .....7

Other .....8  
**(Please tell us:\_\_\_\_\_)**

36. What is the racial/ethnic background of the doctor you saw at your prenatal care visits? *If you went to more than one place for prenatal care, answer for the place where you got most of your care.*

White .....1

Hispanic/Latino .....2

African American.....3

Asian or Pacific Islander .....4

Other .....5  
**(Please tell us:\_\_\_\_\_)**

Don't know .....6

37. At any time **during your most recent pregnancy or delivery**, did you have a blood test for HIV (the virus that causes AIDS)?

Yes .....1  
No.....2  
Don't know .....3

38. During your first or second prenatal care visit, were these part of your visit? For each item, circle **Yes** if it was and **No** if it was not.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Your blood pressure was measured	1	2	3
b. You gave a sample of your urine	1	2	3
c. Your blood was taken	1	2	3
d. Your height and weight was measured	1	2	3
e. You had a pelvic exam	1	2	3
f. Your doctor asked about your health history	1	2	3
g. Other things that the doctor/nurse did	1	2	3
(Please tell us: _____)			

39. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

	<u>YES</u>	<u>NO</u>
a. How smoking during pregnancy could affect your baby	1	2
b. How breastfeeding is good for your baby	1	2
c. How drinking alcohol during pregnancy could affect your baby	1	2
d. Using a seat belt during your pregnancy	1	2
e. Birth control methods to use after your pregnancy	1	2
f. Medicines that are safe to take during your pregnancy	1	2
g. How using illegal drugs could affect your baby	1	2
h. Doing tests to screen for birth defects or diseases that run in your family	1	2
i. What to do if your labor starts early	1	2
j. Getting your blood tested for HIV (the virus that causes AIDS)	1	2
k. Physical abuse to women by their husbands or partners	1	2
l. Types of food to eat during pregnancy	1	2
m. Not touching your mouth or eyes while handling raw meat, not washing hands after contact with cat feces, or not feeding cats raw or undercooked meat	1	2

QUESTION 39 CONTINUED ON NEXT PAGE

51. **During your most recent pregnancy**, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any way?

Yes.....1  
No .....2

52. **During your most recent pregnancy**, you probably had to get different kinds of services. These may have included clinic visits, doctor's or nurse's visits, applying for health insurance, applying for Medi-Cal, or getting help for a family problem. Did you ever feel that people treated you unfairly when you received these services?

Yes.....1  
**ANSWER QUESTION #53**  
No .....2  
GO TO QUESTION #54

53. What do you think was the reason that you were unfairly treated? CIRCLE ALL ANSWERS THAT APPLY.

Age .....1  
Race or ethnic group .....2  
Language/accent .....3  
Health or disability .....4  
Body weight .....5  
Insurance type .....6  
Income level.....7  
Religion .....8  
Sexual orientation .....9  
Gender/sex .....10  
Immigration status .....11  
Marital status .....12  
Some other reason .....13  
(Please tell us: \_\_\_\_\_)

54. For two weeks or longer **during your most recent pregnancy**, did you

	<u>YES</u>	<u>NO</u>
a. Feel sad, empty or depressed for most the day	1	2
b. Lose interest in most things like work, hobbies, and other things you usually enjoyed	1	2

55. **During your most recent pregnancy**, did you have a diagnosed mental health problem (for example, depression, schizophrenia, etc)?

Yes.....1  
**ANSWER QUESTION #56**  
No.....2  
**GO TO QUESTION #57**

56. **During your most recent pregnancy**, did you receive medication or counseling for this mental health problem?

Yes .....1  
No.....2

48. During your most recent pregnancy, did you receive any of the following services? For each item, circle Yes if you received the service or No if you did not receive the service.

	YES	NO
a. Money to buy food, food stamps, or WIC vouchers	1	2
b. Help with an alcohol or drug problem	1	2
c. Help to reduce violence in your home	1	2
d. Counseling information for family and personal problems	1	2
e. Help to quit smoking	1	2
f. Help with or information about breastfeeding	1	2
g. Other service (Please tell us:_____)	1	2

49. Overall, how satisfied were you with the support given by your baby's father during your most recent pregnancy?

Not at all satisfied	1
Somewhat dissatisfied	2
Somewhat satisfied	3
Very satisfied	4
Not applicable	5

In the next section, we would like to know about problems that may have occurred DURING pregnancy. Please answer questions 50-56.

50. Did you have any of these problems during your most recent pregnancy? For each item, circle Yes if you had the problem and No if you did not.

	YES	NO
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	1	2
b. High blood pressure (including pre-eclampsia or toxemia)	1	2
c. Vaginal bleeding	1	2
d. Problems with the placenta (such as abruptio placentae placenta previa)	1	2
e. Severe nausea, vomiting or dehydration	1	2
f. High blood sugar (diabetes)	1	2
g. Kidney or bladder (urinary tract) infection	1	2
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	1	2
i. Cervix had to be sewn shut (incompetent cervix, cerclage)	1	2
j. You were hurt in a car accident	1	2
k. You had Pelvic Inflammatory Disease	1	2
l. You had a vaginal infection or sexually transmitted disease such as chlamydia, gonorrhea, herpes, human papilloma virus (HPV), trichomoniasis,Bacterial Vaginosis, or Group B Streptococcus	1	2

QUESTION 39 CONTINUED

	YES	NO
n. Appropriate amount of weight to gain	1	2
(HOW MANY POUNDS WAS RECOMMENDED? _____ Pounds OR _____ Kilos )		
o. Other topic	1	2
(Please tell us: _____ _____)		

40. We would like to know how you felt about the prenatal care you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you got most of your care. Please let us know if you were satisfied with the following:

	YES	NO
a. The location of the office	1	2
b. The modernness of the medical equipment	1	2
c. The cleanliness of the office or clinic	1	2
d. The technical skills of your doctor or nurse-midwife	1	2
e. The respect the nurses showed you	1	2
f. The respect the receptionists showed you	1	2
g. The length of time you waited to see your doctor or mid-wife when you had an appointment	1	2
h. How comfortable the doctor or nurse-midwife made you feel	1	2

	YES	NO
i. How thorough your check ups were	1	2
j. The comfort of the waiting room	1	2
k. The concern the nurses showed you	1	2
l. The concern the receptionists showed you	1	2
m. How easy it was to get prenatal care early in your pregnancy (that is, before the fourth month)	1	2
n. The attractiveness of the office	1	2
o. How comfortable the nurses made you feel	1	2
p. How comfortable the receptionists made you feel	1	2
q. The time between calling for your first visit and the day of your first visit	1	2
r. How well your doctor or nurse-midwife explained procedures (the things he/she does) to you	1	2
s. How available people were to talk to you about the food you eat during your pregnancy	1	2
t. The respect your doctor or nurse-midwife showed you	1	2
u. The hours that the office/clinic was open	1	2
v. The concern your doctor or nurse-midwife showed you	1	2
w. The atmosphere in the waiting room	1	2

QUESTION 40 CONTINUED

YES NO

- x. Helpfulness of the advice you received from your doctor or nurse-midwife on how to keep yourself and your baby healthy during pregnancy.....1 .....2
- y. Whether the care provided was the same for all patients no matter how they paid for their medical care .....1 .....2

41. Overall, were you satisfied with the prenatal care you received?

Yes .....1  
GO TO QUESTION #43  
No.....2  
ANSWER QUESTION #42

42. Did you do any of the following things because you were not satisfied?

Complained only .....1  
Changed doctor or office .....2  
Went for care less often/  
stopped going .....3  
Wanted to change doctor/office  
or go less often/stop receiving care.  
I didn't because I really wanted  
prenatal care .....4  
Wanted to change doctor/office  
Or go less often/stop. I didn't  
because it was too hard to find  
another doctor .....5  
Other .....6  
(Please tell us:\_\_\_\_\_)

43. Here is a list of problems some women can have getting prenatal care or reasons some women do not receive prenatal care. For each problem or reason, circle **Yes** if it was a problem/reason or **No** if it was not a problem for you.

YES NO

- a. I didn't have enough money or insurance to pay for my visits ..... 1 ..... 2
- b. I had problems finding a place that would accept my insurance or Medi-Cal ..... 1 ..... 2
- c. I didn't know where to go for prenatal care ..... 1 ..... 2
- d. I had problems getting through on the phone to make an appointment ..... 1 ..... 2
- e. I had no way to get to the clinic or office ..... 1 ..... 2
- f. There was no one to take care of my children ..... 1 ..... 2
- g. I had too many other problems to deal with..... 1 ..... 2
- h. I couldn't take time off from work ..... 1 ..... 2
- i. The doctor or my health plan would not start care earlier ..... 1 ..... 2
- j. I didn't want anyone to know I was pregnant ..... 1 ..... 2
- k. I didn't know I was pregnant .... 1 ..... 2
- l. Language problems ..... 1 ..... 2
- m. Other problems getting prenatal care ..... 1 ..... 2  
(Please tell us:\_\_\_\_\_)

44. Other than a medical doctor or nurse, did you see or talk to any **other person** to get health advice about your pregnancy?

Yes..... 1  
ANSWER QUESTION #45  
No .....2  
GO TO QUESTION #46

45. Who did you see or talk to for health advice about your pregnancy? CIRCLE ALL ANSWERS THAT APPLY.

Acupuncturist..... 1  
Herbalist, herbal healer, botanica...2  
Healer other than a doctor ..... 3  
Spiritualist .....4  
Midwife.....5  
Pharmacist.....6  
Family or friend .....7  
Other person.....8  
(Please tell us:\_\_\_\_\_)

46. Did you follow any special cultural or religious traditions related to pregnancy (such as eating or avoiding special foods, doing or avoiding special activities, etc)?

Yes..... 1  
(Please tell us: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)  
No .....2

47. During your most recent pregnancy, were you able to have the kinds of help listed below **if you needed them**? For each item, circle **Yes** if you were able to have the help if you needed it or circle **No** if not.

YES NO

- a. Someone to loan me money.....1.....2
- b. Someone to help me if I were sick and needed to be in bed ...1.....2
- c. Someone to listen to me about my problems.....1.....2
- d. Someone to take me to the clinic or doctor's office if I needed a ride.....1.....2
- e. Someone to help with things I had to do (errands, household tasks, child care).....1.....2
- f. Someone to give me advice or information.....1.....2